

Provider Inspection Summary
For the period 05/01/2003 to 04/30/2006
Adult Family Home

Facility Information

Facility Name: NELSON ADULT FOSTER FAMILY HOME (490103)
Address: 251 N WESTFIELD ST, OSHKOSH, WI 54902
License Status: REGULAR
Licensed/Certified/Registered 01/09/1997
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096705 **End Date:** 03/23/2006 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007274 Served 04/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.07	PROHIBITED ACTS		
88.03(8)(b)	AGENCY MAY VISIT HOME		
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

Survey ID: 0093147 **End Date:** 08/04/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007008 Served 08/22/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	03/24/2006	No

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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Enforcement History

Date: 04/06/2006	SOD #10007274	Appealed: No
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Sanctions

REVOKE LICENSE

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 03/23/2006

Date Investigation Completed: 03/24/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	04/06/06
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	04/06/06
STAFF ADEQUACY	SUBSTANTIATED	04/06/06
PROGRAM SERVICES	SUBSTANTIATED	04/06/06

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